

## Treatment slows moderate to severe Alzheimer's disease

Janice Hopkins Tanne *New York*

For the first time, a treatment has been shown to slow the mental and physical decline of patients with moderate to severe Alzheimer's disease by about six months (*New England Journal of Medicine* 2003;348:1333-41).

The US researchers conducted a double blind, randomised controlled trial of memantine. The drug had been marketed in Germany by Merz Pharmaceuticals for a decade for Parkinson's disease and other neurodegenerative diseases before being licensed in May 2002 by the European Union for use in Alzheimer's disease.

Lead author Barry Reisberg, professor of psychiatry and clinical director of the Aging Dementia Research Center at New York University School of Medicine, said that memantine is being reviewed by the US Food and Drug Administration and might be approved within a year.

Treatments for early, mild Alzheimer's disease, such as donepezil, improve the activity of neurons in the cholinergic

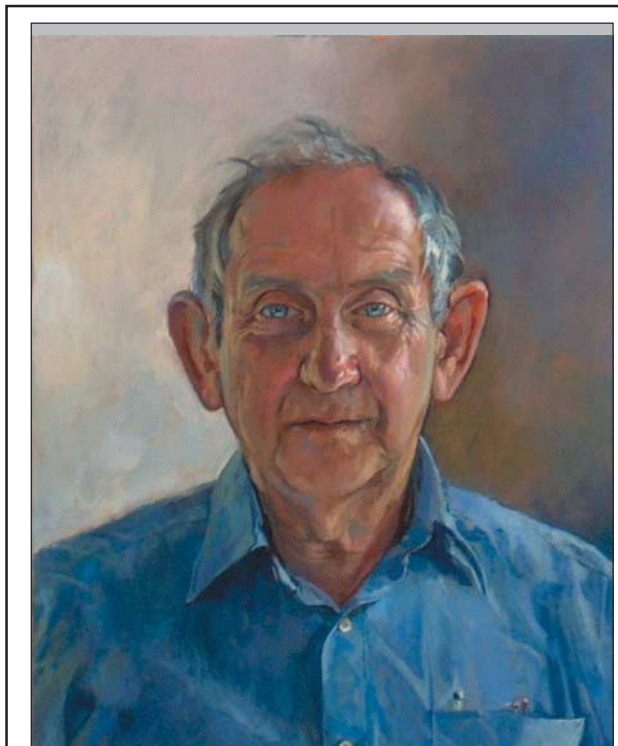
system that use acetylcholine to transmit signals.

Memantine works differently. It blocks the activity of glutamate, which excites neurons in the brain. Overstimulation of neurons leads to an influx of calcium, which is toxic to neurons. The neurons that respond to glutamate are involved in memory and learning. An earlier study of memantine in patients in a Latvian nursing home showed promise, Dr Reisberg said (*International Journal of Geriatric Psychiatry* 1999;14:135-46).

The current study reports results in 252 patients with moderate to severe Alzheimer's disease from 32 US centres. The patients in the study were losing the ability to dress themselves, bathe, use the toilet, clean themselves, and remain continent.

The patients, of whom 67% were women, lived in the community and care givers were usually family members. The patients' mean age was 76. Patients were randomly assigned to placebo or to 20 mg of memantine daily for 28 weeks. They were evaluated on several scales testing behavioural, cognitive, and functioning status by clinicians and by care givers.

The condition of patients taking memantine declined about half as much as that of patients taking placebo over six months, Dr Reisberg said. As well as showing significantly less deterioration, patients needed less time from care givers.



*Portrait of Isaac Marks unveiled*

This portrait of Professor Isaac Marks, who was professor of experimental psychopathology at London University's Institute of Psychiatry, for 22 years, was unveiled at the institute last week.

It was painted by David Cobley, a member of the Royal Society of Portrait Painters.

Annabel Ferriman *BMJ*

"It was a wonderful thing. These are the stages of greatest distress for patients and burden for the care givers," Dr

Reisberg said. Memantine was remarkably free of side effects—more were seen with placebo, he said. □

## Court awards damages to disabled child for having been born

Tony Sheldon *Utrecht*

For the first time in the Netherlands, a court has awarded damages to a severely disabled girl for the fact that she was born—a so called "wrongful life" judgment.

The case of 9 year old Kelly Molenaar has led MPs to call for the Netherlands to follow France and ban damage claims for wrongful life. Doctors fear the judgment could lead to a sharp increase in defensive prenatal testing.

A court in The Hague heard how Kelly's parents had informed a midwife at the Leiden University Medical Centre that a relative of the father was

disabled because of a chromosomal abnormality. But the midwife reassured them and did not carry out further prenatal diagnostic tests or refer the case to a clinical geneticist.

The abnormality was therefore not detected early enough and Kelly was born with multiple mental and physical disabilities. She cannot walk, talk, or properly recognise her parents; has deformed feet; is believed to be in constant pain; and has had several heart operations. By the age of 2½ she had been admitted to hospital nine times due to "inconsolable crying."

The court accepted that damage to Kelly and her parents resulted from the midwife's error. A referral to a clinical geneticist would have resulted in an abortion and Kelly would not have been born. Damages against the hospital amounting to the cost of Kelly's care and upbringing until her 21st birthday were awarded to her parents.

But the court went further, ruling that Kelly herself was liable to damages. The court judged that the damage experienced by Kelly was in a legal sense a predictable consequence of the midwife's mistake. Therefore the court accepted the possibility of a claim for wrongful life. A further court sitting must now set the level of damages. The hospital's lawyers are considering an appeal to the Supreme Court to quash the judgment.

MPs are urging the ministries of health and justice to respond to the decision. Democrat 66 MP Boris Dittrich has called for Dutch law to be changed to prohibit wrongful life claims. This happened in France in 2002 after a similar case—known as the Perruche case—in which a disabled child was given damages for having been born (*BMJ* 2001;323:1384).

Joseph Hubben, professor of health law at the Free University of Amsterdam, said: "To recognise a disabled life as a source of financial damages gives the wrong signal to society. Disabled people should be fellow citizens not someone who should have been aborted." He also argued that the decision would increase pressure for more prenatal diagnostic testing not just from parents but also from doctors. □